

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28540 OF 32259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OBAMA VICTORY FUND 2012**

Full Name (Last, First, Middle Initial)

**A. Celestine E. Ukah**

Mailing Address 9057 Laurel Ridge Dr

City

Mount Dora

State

FL

Zip Code

32757-9108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VSE

Occupation

Health Care Provider

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2893.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2012

**Transaction ID : C27419558**

Amount of Each Receipt this Period

281.00

Full Name (Last, First, Middle Initial)

**B. Celestine E. Ukah**

Mailing Address 9057 Laurel Ridge Dr

City

Mount Dora

State

FL

Zip Code

32757-9108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VSE

Occupation

Health Care Provider

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2893.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : C27695886**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Celestine E. Ukah**

Mailing Address 9057 Laurel Ridge Dr

City

Mount Dora

State

FL

Zip Code

32757-9108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VSE

Occupation

Health Care Provider

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2893.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : C27953740**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

781.00